

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081123

1. Corporation Name

SUNSHINE STATE INVESTMENT AND APARTMENTS, INC.

2. Principal Office Address

8207 Newport Road

Suite, Apt. #, etc.

3. Mailing Office Address

8207 Newport Road

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32244

Country

USA

Zip

32244

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-13-01

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WAJAD ALLI

Street Address (P.O. Box Number is Not Acceptable)

8207 NEWPORT ROAD

Suite, Apt. #, etc.

City

JACKSONVILLE

State
FL

Zip Code
32244

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wajad Alli

REGISTERED AGENT MUST SIGN

Date OCTOBER 24, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WAJAD ALLI	8207 NEWPORT ROAD	JACKSONVILLE, FL 32244
V	LEONARD ALLI	8207 NEWPORT ROAD	JACKSONVILLE, FL 32244
S	LOIS ALLI	8207 NEWPORT ROAD	JACKSONVILLE, FL 32244

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wajad Alli

WAJAD ALLI

OCTOBER 24, 2002 (904) 757-9129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9/01)

Wajad Alli

HIGHLANDER APARTMENTS

10621 Monaco Road
Jacksonville, Florida 32218
(904) 757-9129

TO WHOM IT MAY CONCERN:

October 24, 2002

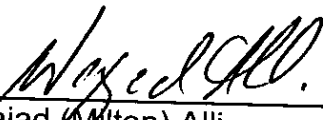
Please accept the attached Uniform Business Report and Corporate Reinstatement Form for the following Florida Corporation:

Sunshine State Investment and Apartments, Inc.

I have not received the annual report filing package and through discussion with the Department of State, I have learned the company was dissolved earlier this month.

I have enclosed a check for the annual Uniform Business Report and Corporate Reinstatement form totaling \$158.75.

Thank you,



Wajad (Milton) Alli
President